MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09700403

FILING DATE 03-05-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		/						53						
4		/						54						
5		/						55						
6		/						56						
7	/							57						
8		/						58						
9		/						59						
10		/						60						
11		/						61						
12		/						62						
13		/						63						
14		/						64						
15		/						65						
16	/							66						
17		/						67						
18		/						68						
19		/						69						
20		/						70						
21		/						71						
22		/						72						
23		/						73						
24		/						74						
25	/							75						
26		/						76						
27		/						77						
28		/						78						
29	/							79						
30		/						80						
31		/						81						
32	/							82						
33		/						83						
34								84						
35	/							85						
36		/						86						
37		/						87						
38		/						88						
39		/						89						
40		/						90						
41	/							91						
42		/						92						
43		/						93						
44		/						94						
45		/						95						
46	/							96						
47		/						97						
48		/						98						
49		/						99						
50		/						100						
TOTAL IND.	9							TOTAL IND.						
TOTAL DEP.	41							TOTAL DEP.						
TOTAL CLAIMS	50							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)